Submit 1 Copy To Appropriate District	State of New Mexico			For	m C-103
Office District I	Energy, Minerals and Natural Resources		October 13, 2009		
1625 N. French Dr., Hobbs, NM 88240	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO.		
District II			30-025-31587		1
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type		1. N. 1.
1000 Rio Brazos Rd., Aztec, NM 87410				FEE	1
District IV 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 875	505	6. State Oil & G	as Lease No.	
87505					1.1
SUNDRY NOTIO	CES AND REPORTS ON WELLS		7. Lease Name of	or Unit Agreemen	it Name
	ALS TO DRILL OR TO DEEPEN OR PLUC				
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			North Monument G/SA Unit Blk. 14		
	Gas Well 🔲 Other Injection well		8. Well Number	19	1. 1. 1. 1. 1.
2. Name of Operator	HOI	BBS OCD	9. OGRID Num	ber 873	1
Apache Corp.					/
3. Address of Operator	MA	R 1 6 2016	10. Pool name of	r Wildcat	
P O box Drawer D Monument NM	88265		Eunice Monumer	nt G/SA	1 Carlos
4. Well Location	RF	CEIVED			
Unit Letter C :		line and	1505	feet from the	
W line					1
Section 36	Township 19S	Range 36E	NMPM	Lee Ce	V
Section 30	11. Elevation (Show whether DR, 1	<u> </u>		Lea Co	ounty
	11. Elevation (Snow whether DR, I	(KD, KI, GK, elc.)			
12 Charle A	perception Day to Indicate No.	ture of Nation	Damant on Othan	Data	
12. CHECK A	ppropriate Box to Indicate Na	ture of Notice,	Report of Other	Data	
NOTICE OF IN	FENTION TO:	SUB	SEQUENT RE	PORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				ALTERING CAS	
	CHANGE PLANS	COMMENCE DRI		P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT	ГЈОВ 🗌		- C 7- 3
DOWNHOLE COMMINGLE					
OTHER: Pressure test		OTHER:			
	eted operations. (Clearly state all pe				
	rk). SEE RULE 19.15.7.14 NMAC.	For Multiple Con	npletions: Attach	wellbore diagram	of
proposed completion or reco	impletion.				
Intend to move in a pump truck to pe	rform pressure test on casing. Will n	ressure up to 520 i	nsi for 32 minutes	and chart the resu	ilts
	process of the second second process of the second proces of the second proces of the se				
Spud Date:	Rig Release Date	e:			
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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SIGNATURE	TITLEInstrument Tech	DATE 3-16-16
Type or print nameJim Ellison	E-mail address: _JD.Ellison@apacheccorp.com_	PHONE:575-441-7734
For State Use Only		
APPROVED BY: · Self Someman	TITLE Skiff Marager	DATE 4/1/12

Conditions of Approval (if any):

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